



HALL FAME

sponsored by
Walgreens
The Pharmacy America Trusts

Official Nomination Form

The **Senior Illinois Hall of Fame**, exclusively for adults age 65 and older, is open to those who excel in one of four categories: 1—**Community Service**; 2—**Education**; 3—**Performance and/or Graphic Arts**; 4—the **Labor Force**. Eligibility is based on the nominee's past and present accomplishments. The candidate must be a current Illinois citizen or a former citizen who lived in Illinois the majority of his or her life. Posthumous nominees will also be considered. Illinois Department on Aging staff will thoroughly review all applications and ultimately submit no more than 44 finalists to the judges, who will select one individual in each of the four categories for induction into the **2006 Hall of Fame**.

Category (*check one*):

☐ Community Service
☐ Education

☐ Performance/Graphic Arts
☐ Labor Force

Name of Nominee: _____

Address: _____

Phone: () _____ Age: _____

Governor
Rod R. Blagojevich

Illinois Department
on **Aging**

Director
Charles D. Johnson

Please review the entire application before completing the criteria.

The nominee must be age **65 or older** to be eligible for the Senior Illinois Hall of Fame. If more space is needed, please attach an 8½" x 11" sheet of paper and clearly mark the continuation. The nominator may also attach newspaper clippings, photographs or letters of recommendation to support the nomination (no more than eight total attachments, please). Items will **not** be returned unless a self-addressed, stamped envelope (with sufficient postage) is included in the nomination packet. If you have questions, call the Department on Aging's Senior HelpLine at **1-800-252-8966** (Voice); 1-800-544-5304 (TTY); or call **1-217-785-3390**.

PLEASE PRINT OR TYPE.

1. Thoroughly describe contributions the nominee has made in the specified category.

[illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

4. List previous public recognition honors earned by the nominee.

5. Other comments:

* * * * *

Nominator's Name: _____

Street Address: _____

City, State, Zip _____ Phone #: () _____ - _____

**Nominations must be postmarked or faxed by
August 25, 2006, to be considered.**

Mail to: Illinois Department on Aging
Division of Communications and Outreach
421 E. Capitol Avenue, #100
Springfield, Illinois 62701-1789

Fax to: 1-217-785-4477

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate state and federal statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call the Senior HelpLine at 1-800-252-8966 (Voice); 1-800-544-5304 (TTY).

Printed by Authority State of Illinois, Illinois Department on Aging
11/03; 3/06 - 800; (Rev. 12/04; 3/06) Recycled Paper